



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Z. Luff

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/605,382	
	Filing Date	09/26/2003	
	First Named Inventor	LAGERSTROM	
	Group Art Unit	3753	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission		Attorney Docket Number	00173.0040.PCUS00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): English Translation (Annex "A") Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NOVAK DRUCE DELUCA & QUIGG, LLP Tracy W. Druce
	<i>[Signature]</i>
Date	03 Oct 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited in First Class Mail to United States Patent and Trademark Office, PO Box 1450, Arlington, VA 22313-1450 on 03 Oct 2005.			
Typed or printed name	Tracy W. Druce		
Signature	<i>[Signature]</i>	Date	03 October 2005